

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/506634 FILING DATE 2-17-00
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS	22	████████	████████	████████	████████	████████

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TOTAL IND.		↓	↓
TOTAL DEP.		↓	↓
TOTAL CLAIMS		████████	████████